| CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY  |   |  |                                       |                     |                                  |                            |                                       |               |  |
|---|---|--|---------------------------------------|---------------------|----------------------------------|----------------------------|---------------------------------------|---------------|--|
| 1. NAME (Last, First, Middle) LARA, Mitchell  |   | 2. DEPARTMENT, COMPONENT AND BRANCH USMC-11  |                                       |                     | 3. SOCIAL SECURITY NUMBER (b)(6) |                            |                                       |               |  |
| 4a. GRADE, RATE OR RANK<br>Sgt  |   |  | 5. DATE                               | (b)(6) (YYYYMMD     |                                  | BLIGATION TERMINATION DATE |                                       |               |  |
|   |   |  |                                       | OF RECORD AT TIME O | F ENTRY (City an                 | d state, or c              | omplete addre                         | ess if known) |  |
| Des Plaines, IL 60018-1960  |   |  |                                       | (b)(6)              | (b)(6)                           |                            |                                       |               |  |
| 8a. LAST DUTY ASSIGNMENT A<br>7thESBBn, 1FSSG, Camp Per   | b. STATION WHER<br>GPAC, 1FSSG, C   |  | , CA 920:                             | 55 <i>(</i> 28301)  |                                  |                            |                                       |               |  |
| 9. COMMAND TO WHICH TRAI<br>CG, MCRSC 15303 Andrews   | 207   | 1 (b)(6)   |                                       |                     |                                  |                            |                                       |               |  |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of  |   |  | 12. RECORD OF SE                      | RVICE               | YEAR(S)                          | MONTH(S)                   | DAY(S)                                |               |  |
|   |   |  | a. DATE ENTERED A                     | D THIS PERIOD       | 2000<br>2004                     | 05                         | 22                                    |               |  |
|   | one or more years.) 3533 - Logistics Vehicle System Operator  |  |                                       | b. SEPARATION DAT   | b. SEPARATION DATE THIS PERIOD   |                            | 05                                    | 21            |  |
| (3 years, 5 months)   | an operator   |  |                                       | c. NET ACTIVE SERV  | ICE THIS PERIOD                  | 04                         | 00                                    | 00            |  |
| and no more.  |   |  |                                       | d. TOTAL PRIOR AC   | TIVE SERVICE                     | 00                         | 00                                    | 00            |  |
|   |   |  |                                       | e. TOTAL PRIOR INA  | CTIVE SERVICE                    | 00                         | 00                                    | 19            |  |
| 1   |   |  |                                       | f. FOREIGN SERVIC   | E                                | 00                         | 04                                    | 22            |  |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN   |   |  | g. SEA SERVICE                        |                     | 00                               | 00                         | 00                                    |               |  |
|   |   |  | h. EFFECTIVE DATE  N 14, MILITARY EDU |                     | 2002                             | 11                         | 01                                    |               |  |
| Marine Corps Good Conduct<br>Ribbon, National Defense Ser<br>Citation (7th ESB), Global W<br>Medal (7th ESB), Rifle (b)(6)  | Marine Combat T<br>Motor Vehicle Op   | Male Recruit Training (12 weeks, 08/00)  Marine Combat Training (3 weeks, 09/00)  Motor Vehicle Operator Course (10 weeks, 12/00)  Tractor Trailer Operator Course (10 weeks, 12/00)  and no more. |                                       |                     |                                  |                            |                                       |               |  |
|   | EDUCATIONAL ASSIST  | UCATIONAL ASSISTANCE PROGRAM (b)(6)  |                                       |                     |                                  |                            |                                       |               |  |
| b. HIGH SCHOOL GRADUATE  16. DAYS ACCRUED LEAVE   |   |  |                                       |                     |                                  |                            |                                       | ` ′           |  |
| 16. DAYS ACCRISED FAVE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION (b)(6)  |   |  |                                       |                     |                                  |                            | (b)(6)                                |               |  |
| 18. REMARKS Good Conduct Medal Period Commences: "While a member of the Marine Corps Reserve you will keep the Commanding General, MCRSC (Toll phone 1-800-255-5082) informed of any changes of address, marital status, number of dependents, civilian employment, or physical standards." Subject to active duty recall and/or annual screening.  (b)(6)  No more remarks.  |   |  |                                       |                     |                                  |                            |                                       |               |  |
| The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.  19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)  NEADEST BELATIVE (Name and address - Include ZIP Code) |   |  |                                       |                     |                                  |                            |                                       |               |  |
| 19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)  |   |  |                                       |                     |                                  |                            |                                       |               |  |
| (b)(6)  |   | _  |                                       |                     | (b)(6)                           | _                          | · · · · · · · · · · · · · · · · · · · |               |  |
| 20. MEMBER REQUESTS COPY  |   | DIRECTOR OF VETERANS AFFAIRS (b)(6)  |                                       |                     |                                  |                            |                                       |               |  |
| 21. SIGNATURE OF MEMBER BE  | 21. SIGNATURE OF MEMBER BEING SEPARATED 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, gradue, title and signature) |  |                                       |                     |                                  |                            |                                       |               |  |
| See remarks.  |   |  |                                       |                     | (b)(6)                           |                            |                                       |               |  |
|   |   |  |                                       |                     |                                  |                            |                                       |               |  |

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION

24. CHARACTER OF SERVICE (Include upgrades)

(b)(6)

| CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| 1. NAME μ.<br>LARA, Mi  | ast, First, Middle)<br>(tchell                    | 2. DEPARTMENT, COMPONENT AND BRANCH USMC-11 | 3. SOCIAL SECURITY NUMBER (Also. Service Number if applicable) |  |  |  |  |
| 4. MAILING  | ADDRESS (Include 7IP Code)                        |   | (1)(0)   |  |  |  |  |
|   | (b)(6)  |   | (b)(6)   |  |  |  |  |
| 5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:                        |   |   |  |  |  |  |  |
| ITEM NO. CORRECTED TO READ  |   |   |  |  |  |  |  |
| Block 3.  | SEPARATION DATE ON DD FOR Corrected to read: (b)( | 6)  |  |  |  |  |  |
|   | (b)(6) No more remarks.                           |   |  |  |  |  |  |
| 6. DATE (YYYYMM) 2004080  | 06  | TO SIGN (b)(6)                              |  |  |  |  |  |
| PP/FF-WHS/DIQR)   | ## 1 W)   |   |  |  |  |  |  |